



#EasierToBeActive

Case studies

The 5 I's

**Research conducted by The National Centre for Sport and Exercise
Medicine - Sheffield, on behalf of Sport England**

The 5 I's

#EasierToBeActive explored the ways in which we can support people living with long-term health conditions to lead more active lifestyles. We have heard from over 600 people with lived experiences of long-term health conditions and key stakeholders working in the physical activity and health sector. From what we have been told by these participants, we have determined that there are 5 I's which all stakeholders need to consider to help a person with a long-term condition become more active (the full report can be

The 5 I's - in phase one and two, five cross cutting themes were identified:

Individualised

Participants in the online workshop were very clear about their desire for an individualised, person-centred approach when it comes to helping people with long-term conditions to be more active.

They want to see individualised pathways that map their own personal journeys and goals, they want services that respond to their specific needs and the ability to choose amongst them based on their interests and preferences.

They want individual support that can tap into their personal motivations, help them through difficult times and celebrate successes.



Inclusive

The need for inclusivity kept emerging throughout the conversation. Participants want to see an inclusive workforce that represents those that it serves.

They want inclusive marketing and communications that uses language and images that diverse populations can relate to. They also want services that remove barriers to inclusion whether they are related to socio-economic factors, language, digital literacy, accessible facilities or anything else.

The system also needs to be inclusive in the process of designing new services, processes and systems, involving a wide array of stakeholders and particularly people with long-term conditions.



Informed

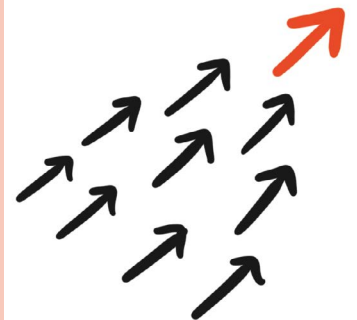
The need for information and education was also evident in the conversation. It is needed at schools when initial attitudes towards physical activity are shaped; it is needed at the doctor's surgery where healthcare professionals need to give advice or recommend a service; it is needed by people with conditions who want to understand the benefits of physical activity or make a choice about specific offerings, judge the qualifications of an instructor or learn about the experience of a peer.



Influencers

Participants in phase two spoke about the areas that influenced an individual to be more active and cited two main networks – professionals and the networks surrounding the individual such as their peers, family and friends.

The skillset of the professional workforce be that knowledge or communication skills was identified as important. Personal networks of friends, family and carers also influence a person's ability to participate and undertake physical activity opportunities.



Integrated

Integration and coordination of efforts and information throughout the system is necessary to achieve our shared goals.

At the local level, integration may mean healthcare professionals connecting and exchanging knowledge with local instructors.

At the national level, it may mean the creation of information systems and platforms that aid collaboration and knowledge exchange or help measure impact and promote good practices.



How could the 5 I's improve your practice?

The following case studies demonstrate how these principles have been applied in practice

Individualised

This case study aims to demonstrate how an organisation has used an individualised approach to make it easier for a person with a long-term condition to be active.

Based on what we heard from our participants we defined individualised as:



LiveWell Dorset

Putting the individual at the heart of everything – acknowledging and understanding where people with long-term health conditions are coming from, to map personal journeys and goals, with support that is specific to their needs and preferences.

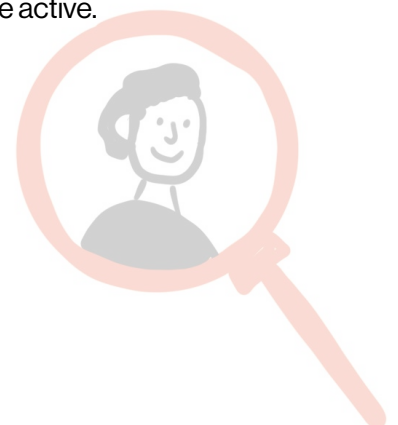
Active Dorset have been working in close partnership with LiveWell Dorset for the last four years, with a specific focus on developing the physical activity pathway at LiveWell Dorset.

LiveWell Dorset is a free service that supports adults wanting to improve their health and well-being, in particular focusing on, losing weight, stopping smoking, drinking less, and getting active. The service provides support through a website and coaches that can be accessed over the phone. People in Dorset can be referred into the service by healthcare professionals or self-refer through the LiveWell Dorset website.

Once a resident has decided to seek support, they will initially speak to an advisor who takes the time to understand the priorities of the individual and how the service can best support them. It maybe at this point that a person can be referred directly to a specific service or given support over the phone - for example if a person was enquiring about where they can access local walking groups. If the person needs further support, they can also be referred to a coach to explore how the service can support them further. The coach is then able to explore with the resident the challenges they may be facing, the changes they would like to make, and priorities of the person.

The coaches are trained in behaviour change theory and Motivational Interviewing, which enables them to fully understand the needs of the resident. Having this theoretical background/knowledge allows the coaches to provide the residents with individualised and appropriate support. The coaches also receive specific training from experts in each of the four areas of health and wellbeing that the service specialises in. This ensures that the coaches feel confident enough to support residents with any positive change.

To hear more about this work please visit [Active Dorset](#) and [LiveWell Dorset](#) websites where there are reports and resources for people to make it easier for people with long-term health conditions to be active.



This case study aims to demonstrate how an organisation has used an Inclusive approach to make it easier for a person with a long-term condition to be active. Based on what we heard from our participants we defined inclusive as:

Ensuring opportunities to be active are inclusive – that the physical activity workforce is representative of our communities and those of us with health conditions, with inclusive marketing that uses language and images that we can all relate to and offers that remove barriers to getting involved.

Rethink is a mental health charity that supports people and their families and carers that are affected by severe mental illness.

Working with over 150 peer support groups around the country, Rethink Mental Illness support people to lead independent lives and be leaders in their own care. People with severe mental illness are likely to live 15-20 years less than people without, many of which are a due to the onset of potentially preventable physical health conditions such as heart disease, type 2 diabetes and respiratory diseases. Improving the physical health of people living with severe mental illness is important to reduce the increased risk of premature mortality.

Physical activity is one way in which a person's physical health can be improved. To promote physical activity for people severely affected by mental illness, Rethink Mental Illness co-produced a toolkit for peer support groups, mental health services, and people in the physical activity sector to use to support people with severe mental illness. To ensure the toolkit was inclusive, relevant and fit-for-purpose, they worked in partnership with people with lived experience to co-produce the toolkit.

The steering group for the project involved three people with lived experience who were paid and treated as equal partners in the design of the toolkit and delivery of the project. To evaluate the toolkit a team of peer researchers were recruited, who again had lived experience of severe mental illness, and were trained by a research team on how to collect and analyse research data. Involving people with lived experience at every stage of the project allowed Rethink Mental Illness to gain richer insight from their participants and ensured that anything that was developed was applicable for people affected by severe mental illness.

Co-production and including people with lived experience is at the heart of all the work Rethink Mental Illness does. The use of co-production and involvement of people with lived experience allows them to make sure their work is meaningful and inclusive for people affected with severe mental illness. Co-production creates an opportunity for the voice of lived experience to be heard and enabling people with lived experience to take a proactive role in shaping the opportunities and services that are there to support them and their peers. People with lived experience are regarded as assets, who bring important and valuable contributions, not only because of their experience but also other skills, talents and knowledge. Consultation and involvement are not, in themselves, co-production. Full co-production involves working with people with lived experience as equal partners. Co-production is a catalyst for changing services and lives. Knowing that a service or toolkit has been co-produced also makes it more relatable for people affected with severe mental illness, increasing the chances of them engaging with the service.

To hear more about the EasierToBeActive findings please [visit the website](#) where there are reports and resources to help make it easier for people with long-term health conditions to be active.

This case study aims to demonstrate how an organisation has used an informed approach to make it easier for a person with a long-term condition to be active. Based on what we heard from our participants we defined informed as:

Helping people with health conditions to be better informed about what their options are and how they can be active, and help other professionals to be informed too so they can advise and support them

As part of the Activity Alliance's 'Get Out Get Active' (GOGA) programme, designed to support people with or without health conditions to be more active, Active Derbyshire set-up the 'Couch to 5X' programme.

The programme provides an opportunity for a person who has been referred, typically by a social prescriber, to work with a member of the Couch to 5X team to explore how they can become more active. The aim is to understand the needs and desires of the person, not necessarily for them to set a goal (e.g. running 5km). The coach therefore needs to be informed about different options and approaches that they can take to support a person to become more active.

To encourage uptake and ensure the right people can access the Couch to 5X programme, it is important that they are informed that the service is available. Social prescribers provide an opportunity to refer people to the programme. To facilitate this a Couch to 5X coach is in a shared office with the social prescribers, as part of the Amber Valley CVS, providing an easy opportunity to discuss any potential referrals to the service. This helps to ensure that any referrals are appropriate and relevant for the person, as opposed to unnecessarily being referred to inappropriate services. Being in the same office allows both the social prescriber and Couch to 5X coach to remain informed about how best they can support a client, and information can be shared between them to ensure the client receives the most adequate support.

To ensure that the relevant services, in particular social prescribers, and the broader CVS team, are informed about the physical activity programmes available through Get Out Get Active Amber Valley, relationships have had to be built over time. Having built the relationships and having rapport with different services, allows the team to ensure that the relevant teams are informed about the programmes available. The development of these relationships is ongoing, and work is still needed to be done to understand how best to work with social prescribers to ensure an individual can remain informed about physical activity opportunities that are available.

To hear more about the work of the Amber Valley Get Out Get Active programme and Couch to 5X please email GOGA@ambervalley.gov.uk.



This case study aims to demonstrate how an organisation has used influencers to make it easier for a person with a long-term condition to be active. Based on what we heard from our participants we defined influencers as:

There are a range of people who influence your ability and desire to be active – from healthcare and fitness professionals to your social and support networks such as family, friends and carers, and this needs to be recognised.

Diabetes UK is the primary diabetes charity in the UK.

For the past year Diabetes UK has been delivering free 10-week physical activity courses as part of their Live Well Move More programme, specifically tailored to support people doing less than 30 minutes of exercise a week.

The Live Well Move More programme has three main elements:

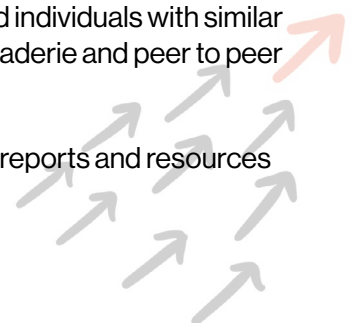
- a physical activity helpline where people can speak to trained behaviour change advisors who can signpost people to physical activity programmes or useful online content
- physical activity sessions which include activities delivered by fitness instructors and group discussions about exercise
- online content which includes physical activity toolkits, videos and illustrations that people can follow along with at home.

The idea being that the combination of these three strands should all complement each other to enable people to be more physically active.

Diabetes UK delivers the Live Well Move More physical activity sessions face-to-face in the Midlands and on Zoom for people throughout the rest of the country, with some sessions being delivered to specific groups (male groups, female groups, South Asian groups) during weekdays, evenings and at the weekend. These physical activity sessions are split into two parts. The first half are where participants take part in some form of activity which could include chair-based exercises, and culturally appropriate exercises. The second half of the physical activity sessions involve group discussions where key influencers come in to speak to people on the course, this can include both a healthcare professional who will talk about exercise, as well as someone with lived experience of diabetes. This provides people with positive influences from different perspectives to engage with the programme and support the desire to be more physically active.

It has become clear that there was previously a disconnect between fitness professionals and people living with diabetes. This led to challenges when trying to help them find motivation to exercise or provide them with appropriate information about being physically active. Healthcare professionals are universally regarded by members of the public as the experts when it comes to improving physical health. This has been evident in the Live Well Move More initiative as we have seen an increase in attendance rates when healthcare professionals are involved because of their positive influence. In addition, having people hear from like-minded individuals with similar fitness levels, motivations and lived experiences of diabetes, there is a clear sense of camaraderie and peer to peer support that is formed between attendees during the programme.

To hear more about the EasierToBeActive findings please [visit the website](#) where there are reports and resources to help make it easier for people with long-term health conditions to be active.



This case study aims to demonstrate how an organisation has used Integration to make it easier for a person with a long-term condition to be active. Based on what we heard from our participants we defined Integrated as:

Integration and coordination of efforts and information throughout the system is necessary to achieve our shared goals. At the local level, integration may mean healthcare professionals connecting and exchanging knowledge with local instructors. At the national level, it may mean the creation of information systems and platforms that aid collaboration and knowledge exchange or help measure impact and promote good practices.

Sport for Confidence is an organisation placing occupational therapists into leisure centres to support and deliver sport and physical activity sessions to anyone facing barriers to participation.

They have teams of sports coaches and health professionals working within leisure centres to create meaningful opportunities for people with long-term health conditions and other marginalised groups to be more active. The service is adjusted according to the participants, to make the experience right for them to achieve their personal goals, whether that be related to building confidence, having fun, managing their health or becoming fitter. The Sport for Confidence model ensures collaborative working between health and social care, active partnerships, the community, leisure providers and leisure centre staff. The views of the participants and community is an essential part of the model and reciprocal learning between participants and staff is encouraged daily.

Sport for Confidence offer professional expertise but work to ensure the leisure centre is a community asset where people go to relax and enjoy themselves. For example, the referral and discharge process are purposely relaxed, people can attend with family members, they can refer themselves, they can join in a way that's right for them. Participants can stay for days, months or years; if years they are encouraged to build new skills such as developing coaching skills and supporting others. Staff have the time to understand individual need and strive to personalise any adaptations and adjust support levels accordingly. Different sporting sessions are provided depending on the coach, the facilities, and the request of the participants, sports sessions include adaptive cycling, netball, football, yoga, swimming and more! The coach and the occupational therapist work collaboratively to deliver sessions which allows each member of staff to focus on their primary role, whilst giving the participants the confidence that the session will be adapted for their needs.

The integration of Sport for Confidence into leisure centres has happened due to the relationships that they have developed with key stakeholders and the buy-in that they have received from leisure centres and other healthcare officials in the local area. Building the relationships with key stakeholders has been something that has happened over several years, but the investment in these relationships has led to the service being fully integrated within the leisure centres and being there to support the local communities. It has also led to the recognition of the need to promote physical activity and ensure that different services are there to support the different needs of people living with long-term health conditions.

To hear more about the work of Sport for Confidence please email info@sportforconfidence.com.



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